

validation in the collection, processing and clinical areas of the program; d) identification of benchmarks or goals for each key measure/process; e) restructure of regularly occurring forum to report and discuss QM activities including review and outcome analysis of aggregate data on selected measures, identification of need for corrective actions and follow-up assessment of corrective actions; f) mechanism for reporting deviations and complaints; and g) the process for determining and maintaining competency of personnel. **DISCUSSION:** QM activities should not be a regulatory exercise but result in meaningful improvement in a program's processes and outcomes. A clearly defined and purposefully executed QMP involving personnel from across our BMT program helps to ensure the safety of the recipient and donor and ensure the highest quality of care.

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ANNUAL BLOOD AND MARROW TRANSPLANT PATIENT CELEBRATION IGNITES HOPE, STRENGTH AND RECOVERY

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Background and Purpose: A programmatic way of supporting Hope, Strength and Recovery in Blood and Marrow Transplantation patients and their families is significant in enhancing patient care. The journey through transplantation and beyond is challenging for patients and caregivers. They navigate that journey with strength, determination and with courage. In order to honor patients and families an annual patient and family celebration is held at the Siteman Cancer Center of Barnes-Jewish Hospital.

Objectives: An annual event uniting patients who have been transplanted only one or two months ago with those who were transplanted 5, 10, or 20 years ago can ignite hope and continued recovery. The event is not only significant for patients and families; it is also significant for the clinical physicians and team members who provide the care by honoring their passion and commitment to excellence.

Method: Post transplant patients and families, the referring physician community, and clinical members of the inpatient and outpatient BMT team are invited to the annual event. The event is held at the Ritz Carlton where the atmosphere is truly spectacular. The division chief addresses the audience at the start of the event to recognize and honor the guests. Two transplant patients are asked to speak at the event where they reflect back on their journey and create inspiration. At the end of the evening, the celebration unites an unrelated recipient with their donor for the very first time. This union captures the spirit of the night and the essence of the journey that each patient takes.

Results: For the last 13 years the BMT division has held an annual event to honor patients and family members. The celebration grew out of the monthly support group and blossomed into a remarkable evening with over 500 in attendance each year. The event allows the BMT program to reach out to patients and families, to referring physicians, to the local community in an effort to raise transplant awareness, and to the clinical team members of the transplant service. The patient celebration brings joy and enthusiasm, hugs and handshakes and ignites hope, strength and recovery in all who attend.

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AN EXPLORATIVE QUALITATIVE PILOT STUDY OF HOW PARENTS AND CHILDREN EXPERIENCE THE TREATMENT WITH ALLOGENEIC STEM CELL TRANSPLANTATION (SCT) FOCUSING ON IMPROVEMENT OF NURSING CARE

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Purpose: To examine what kind of psychological difficulties Danish parents and children experience during inpatient treatment with allogeneic stem cell transplantation.

Methods: Semi-structured qualitative interviews with 6 mothers, 2 fathers and 3 children (age 11-15 years), representing the experience from seven SCT courses. Seven children were diagnosed

with 3 SAA, 2 ALL and 2 with immune deficiency disease. Time from SCT to the interview was three months to 3<frax1;2 year (average one year).

Results: The parents described interaction problems in relation to 1. each other 2. the child undergoing SCT 3. other children in the family and 4. the nursing staff. The main problems were:

- Lack of continuity in relation to the nursing staff, resulting in inconsistent information and conflicts between children, parents and nursing staff. It raises emotions such as insecurity, nervousness and uncertainty.

- Conflicts between child and parents related to nursing e.g. administration of medicine and meeting the child's needs for food and liquid. This may raise feelings of frustration and powerlessness in the parents.

- The feeling of isolation by the parents due to spending most of their time with the child in a LAF isolation room during the 5-7 weeks transplant course. The feeling of isolation is shown by a reduction in the parents social life and adult contact. This results in 1. an inappropriate focusing on the child's well being e.g. lab results 2. inability to exercise 3. the inability to be able to leave the child's room.

- Those parents, who have more than one child, have a feeling of being divided between the SCT child's needs and the needs of the other children in the family.

Conclusion: the parents' wish to have: 1. a nursing team 2. consistent information 3. help to handle and solve conflicts 4. the possibility to leave the isolation room 5. the ability to exercise and 6. focus on the entire families situation and not only the SCT child's problems.

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HEALTH, PERFORMANCE AND PSYCHOSOCIAL ADJUSTMENT OF HAEMATOPOIETIC STEM CELL TRANSPLANTATION IN TEENAGERS

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This study investigated health, performance and psychosocial adjustment of post Haematopoietic Stem Cell Transplantation (HSCT) in teenagers for using basal data of rehabilitation and return to normal life after HSCT. Most of pediatric patients are suffering from a high degree of depression, anxiety and lowered self-esteem due to painful invasive treatment for high dose chemotherapy, radiation therapy and admission. HSCT Survivors have experienced physical weakness, loneliness and isolation as well as physical symptoms. Especially, the psychosocial aspect of children after HSCT is very important in health, performance and psychosocial adjustment.

We studied 63 teenagers who are 12-17 years old at least 100 days after HSCT. We used Nine symptom checklist of EORTC (European Organization for Research and Treatment of cancer Therapy) QOL-C30; fatigue, nausea and vomiting, pain, dyspnea, insomnia, loss of appetite, constipation, diarrhea and financial difficulties, Lansky scale (Physical performance) and K-CBCL (Korea-child behavior Checklist); Social competence scale, Behavior problem scale.

The general characteristics were male 38 (60.3%), female 25 (39.7%), and median age 14.1 years old (SD \pm 1.53). The diagnosis were AML 23 (36.5%), ALL 18 (28.6%) and SAA 16 (25.4%). The type of transplantation were sibling allogeneic SCT 30 (47.6%), unrelated SCT 25 (39.7%), autologous SCT 3 (4.8%), Cord 2 (3.1%) and FMM 3 (4.8%). In Nine symptom checklist of EORTC, fatigue (31.7) was the highest and then financial difficulties (27.1) and poor appetites (8.5). Eighty to one hundred Lansky score which is the performance status scale was 53 (91.4%). When both of teenagers compare with standard group, their studying competence is lower but their socialization and total social competence are comparatively high.

In conclusion, the major health problems of teenagers (12-17 years old) were fatigue and financial difficulties after HSCT. However, the physical performance competence was affected to maintain active life. The psychosocial adjustment was high males and females. However, the total behavior problem scale of females was very high. We suggest focus on health and psychosocial issues of teenagers and need to nursing intervention for them.